

DEPARTMENT OF HEALTH & FAMILY SERVICES

Division of Supportive Living
DSL-943 (Rev. 1/2001)

STATE OF WISCONSIN

Completion of this form meets the requirements of
the State / County contract specified under
s. 46.031 (2)(c)3, Wis. Stats.

**EXPENSES FROM STATE AND LOCAL PROPERTY TAXES, AND DONOR MATCH*
BY TARGET GROUP AND STANDARD PROGRAM CLUSTER**

| | | | | |
|---|--------------------|--|---|---|
| AGENCY TYPE (Check One) <input type="checkbox"/> 1 DSS <input type="checkbox"/> 2 DCP <input type="checkbox"/> 3 DDB <input type="checkbox"/> 4 HSD <input type="checkbox"/> 6 DO AGING | COUNTY NAME | COUNTY CODE (See reverse side) | SUBMIT TO: Division of Supportive Living SOS Desk, Room 518 P.O. Box 7851 Madison, WI 53707-7851 | REPORT YEAR _____ REPORT PERIOD (Check One) <input type="checkbox"/> 1. January - June <input type="checkbox"/> 2. January - December |
|---|--------------------|--|---|---|

TARGET GROUPS

| STANDARD PROGRAM CLUSTER / CATEGORY | DEVELOP- MENTAL DISABILITY (1) | MENTAL HEALTH (2) | ALCOHOL / OTHER DRUG ABUSE (3) | PHYSICAL & SENSORY DISABILITY (4) | DELINQUENT & STATUS OFFENDER (5) | ABUSED & NEGLECTED CHILDREN (6) | CHILDREN & FAMILIES (7) | ADULTS & ELDERLY (8) | TOTAL EXPENSES COLS. (1) THRU (8) |
|---|---|-------------------------|--|---|---|--|----------------------------------|----------------------------|--|
| 100 CHILD DAY CARE - CRISIS RESPITE | | | | | | | | | |
| 104 SUPPORTIVE HOME CARE | | | | | | | | | |
| 107 SPECIALIZED TRANSPORTATION & ESCORT | | | | | | | | | |
| 200 ACCESS, OUTREACH & PREVENTION | | | | | | | | | |
| 300 COMMUNITY LIVING / SUPPORT SVCS | | | | | | | | | |
| 400 INVESTIGATIONS & ASSESSMENTS | | | | | | | | | |
| 500 COMMUNITY SUPPORT PROGRAMS | | | | | | | | | |
| 600 WORK-RELATED & DAY SERVICES | | | | | | | | | |
| 615 SUPPORTED EMPLOYMENT | | | | | | | | | |
| 700 COMMUNITY RESIDENTIAL SERVICES | | | | | | | | | |
| 800 COMMUNITY TREATMENT SERVICES | | | | | | | | | |
| 900 INPATIENT & INSTITUTIONAL CARE | | | | | | | | | |
| 925 INSTITUTION FOR MENTAL DISEASES | | | | | | | | | |
| TOTAL | | | | | | | | | |

*Includes all agency expenses reported on Form DSL-942 except direct federal and state grants, collections and third party revenues (e.g., Medical Assistance, SSI and private insurance).

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CODE COUNTY OR MULTICOUNTY AREA

| | |
|----|---------------------------------------|
| 01 | Adams |
| 02 | Ashland |
| 03 | Barron |
| 03 | Barron, Burnett, Polk, Rusk, Washburn |
| 04 | Bayfield |
| 05 | Brown |
| 06 | Buffalo |
| 07 | Burnett |
| 08 | Calumet |
| 09 | Chippewa |
| 10 | Clark |
| 11 | Columbia |
| 12 | Crawford |
| 13 | Dane |
| 14 | Dodge |
| 15 | Door |
| 16 | Douglas |
| 17 | Dunn |
| 18 | Eau Claire |
| 19 | Florence |
| 20 | Fond du Lac |
| 21 | Forest |
| 21 | Forest, Oneida, Vilas |
| 22 | Grant |
| 22 | Grant, Iowa |
| 23 | Green |
| 24 | Green Lake |
| 25 | Iowa |
| 26 | Iron |
| 27 | Jackson |
| 28 | Jefferson |
| 29 | Juneau |
| 30 | Kenosha |
| 31 | Kewaunee |
| 32 | La Crosse |
| 33 | Lafayette |
| 34 | Langlade |
| 34 | Langlade, Lincoln, Marathon |

CODE COUNTY OR MULTICOUNTY AREA

| | |
|----|-------------|
| 35 | Lincoln |
| 36 | Manitowoc |
| 37 | Marathon |
| 38 | Marinette |
| 39 | Marquette |
| 40 | Milwaukee |
| 41 | Monroe |
| 42 | Oconto |
| 43 | Oneida |
| 44 | Outagamie |
| 45 | Ozaukee |
| 46 | Pepin |
| 47 | Pierce |
| 48 | Polk |
| 49 | Portage |
| 50 | Price |
| 51 | Racine |
| 52 | Richland |
| 53 | Rock |
| 54 | Rusk |
| 55 | St. Croix |
| 56 | Sauk |
| 57 | Sawyer |
| 58 | Shawano |
| 59 | Sheboygan |
| 60 | Taylor |
| 61 | Trempealeau |
| 62 | Vernon |
| 63 | Vilas |
| 64 | Walworth |
| 65 | Washburn |
| 66 | Washington |
| 67 | Waukesha |
| 68 | Waupaca |
| 69 | Waushara |
| 70 | Winnebago |
| 71 | Wood |
| 72 | Menominee |